

Bureau of Health Care Quality & Compliance

PRINTED: 10/10/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3330SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2009
NAME OF PROVIDER OR SUPPLIER MOUNTAINVIEW CARE CENTER AT BC		STREET ADDRESS, CITY, STATE, ZIP CODE 601 ADAMS BOULEVARD BOULDER CITY, NV 89005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 09/23/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022758 was substantiated with deficiencies cited. (See Tags Z470, Z474, Z479)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000	<p><i>This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Mountain View Care Center agrees with the allegations and citations listed on the statement of deficiencies. Mountain View Care Center maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Mountain View Care Center's written credible allegation of compliance.</i></p> <p><i>By submitting this plan of correction, Mountain View Care Center does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Mountain View Care Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</i></p>	
Z470 SS=F	<p>NAC 449.74539 Physical Environment</p> <p>1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public. This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure patient rooms,</p>		<p>Z 470</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>No residents were identified as being affected by the deficient practice.</p> <p><i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>All residents have the potential to be affected by the deficient practice.</p> <p><i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>All resident living areas inclusive of bathrooms have been stripped and waxed. Random daily</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *John Belmonte* TITLE *Administrator* (X6) DATE *10-12-09*

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CARSON CITY, NEVADA

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Z470	Continued From page 1 bathrooms and storage areas were maintained in a sanitary condition and free from offensive odors and an accumulation of dirt, dust, rubbish, trash, cockroaches and flies. Severity: 2 Scope: 3		rounds by the Housekeeping supervisor will be conducted to monitor that each room, and bathroom, are free from dirt, dust, rubbish etc. The exterior of the building will also be inspected for debris, trash and insects particularly the areas immediately around the trash bins, which have been removed from the premises, cleaned and then put back into service.		
Z474 SS=F	NAC 449.74539 Physical Environment 5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment; This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to provide adequate housekeeping services necessary to maintain a sanitary and comfortable environment and prevent an accumulation of dirt, dust, rubbish, trash, cockroaches and flies in patients rooms and bathrooms. Severity: 2 Scope: 3		<i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i> Weekly monitoring rounds will be conducted which will consist of the inspection of resident living areas by the infection control nurse in conjunction with the Housekeeping supervisor. The exterior of the building and trash bins and receptacles will be included in these monitoring rounds. Monitored by: Housekeeping Supervisor, Infection Control Nurse, Administrator Date that the corrective action will be completed: November 1, 2009.		
Z479 SS=F	NAC 449.74539 Physical Environment 10. Maintain an effective program to control pests in order to ensure that the facility is free from pests and rodents; This Regulation is not met as evidenced by: Based on observation and interview the facility failed to have an effective pest control program to ensure the facility was free of flies and cockroaches. Severity: 2 Scope: 3		Z474 <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i> No residents were identified as being affected by the deficient practice.		

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			<p><i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>All residents have the potential to be affected by the deficient practice.</p> <p><i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>All resident living areas inclusive of bathrooms have been stripped and waxed. Random daily rounds by the Housekeeping supervisor will be conducted to monitor that each room, and bathroom, are free from dirt, dust, rubbish etc.</p> <p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <p>Weekly monitoring rounds will be conducted which will consist of the inspection of resident living areas by the infection control nurse in conjunction with the Housekeeping supervisor.</p> <p><i>Monitored by:</i> Housekeeping Supervisor, Infection Control Nurse, Administrator</p> <p><i>Date that the corrective action will be completed:</i> November 1, 2009.</p> <p>ZA79</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>No residents were identified as being affected by the deficient practice.</p>		

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			<p><i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>All residents have the potential to be affected by the deficient practice.</p> <p><i>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</i></p> <p>The facility is currently contracted with a local pest control company to service the building on a monthly basis. In addition to the monthly spraying bait traps have been strategically placed on the exterior of the facility to control flying insects, flies etc. Also interior pest control lights have been scattered throughout the facility.</p> <p><i>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur i.e. what program will be put into place to monitor the continued effectiveness of the systemic change?</i></p> <p>Weekly rounds will be conducted which will consist of the inspection of the traps both internal and external. Off schedule service based upon rounds will be scheduled, as necessary.</p> <p><i>Monitored by:</i> Maintenance Supervisor, Infection Control Nurse, Administrator</p> <p><i>Date that the corrective action will be completed:</i> November 1, 2009.</p>	

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